

TRANSMITTAL FORM

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Filing Date	July 3, 2003
First Named Inventor	Saed
Group Art Unit	2817
Examiner Name	Mottola, S.
Attorney Docket No.	ICE-015
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Form PTOL-85 and Copy of Form PTOL-85 <input checked="" type="checkbox"/> Change of Correspondence Address For Application <input checked="" type="checkbox"/> Check in the amount of \$1,000.00
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Kirkpatrick & Lockhart Nicholson
Graham LLP
75 State Street
Boston, MA 02109-1808
Tel. No.: (617) 261-3100
Fax No.: (617) 261-3175

SIGNATURE BLOCK

Respectfully submitted,

Date: July 22, 2005
Reg. No. 52,892
Tel. No.: (617) 261-3186
Fax No.: (617) 261-3175


Jason P. Fiorillo
Attorney for Applicants
Kirkpatrick & Lockhart Nicholson
Graham LLP
75 State Street
Boston, MA 02109-1808